

Sri Lanka Elective Report

Objectives

- Describe the prevalent conditions
- Describe differences in healthcare systems
- Describe the clinical experience
- Reflection

I have carried out three weeks of my elective in Sri Lanka, at the Colombo General Hospitals' department of clinical medicine. The tertiary care hospital is located in the heart of Colombo which is the largest, most industrial and commercial city in Sri Lanka. The hospital has 3300 beds and over 950 doctors, with referrals for specialised care being made from other hospitals all over the country. I spent my time on one of the twelve general medical wards, where I was exposed to many general medicine cases. Particularly prevalent were diabetes and heart disease and this is largely due to the high salt and sugar in their diet. There were also several cases of late presenting alcoholic liver disease and by the end I had felt more enlarged livers than I have in my five years as a medical student. I was particularly interested to see so many infectious disease cases such as Tuberculosis, Leprosy and Dengue Fever. Dengue fever is the most prevalent mosquito born disease in Sri Lanka while malaria incidence has fallen steeply over the last few years, mainly posing a threat in the north and northeast. I now feel confident in knowing how to manage these more tropical diseases and my auscultation skills have definitely been put to the test after examining the chests of many patients with tuberculosis.

Sri Lanka, like the UK, offers a free healthcare service and it is readily available. While resources are lacking in some areas, the overall experience reinforced to me that wherever you practice medicine in the world, the basic fundamental principles will never change. I went into the elective thinking that the healthcare system would be years behind but I was pleasantly surprised to see so many similarities. Since the war has settled, Sri Lanka has really flourished and now it boasts good healthcare, provided by both public and private sectors, where the private sector provides for nearly 60% of the total population, including half of out-patient care.

Similarly to the NHS, healthcare is divided into three levels of care, the network of institutions ranges from teaching hospitals with specialised services, to small central dispensaries which provide only outpatient services. There are specialised hospitals that are dedicated for the treatment of tuberculosis, leprosy, mental illness, cancer and infectious diseases. I noticed that many patients carry their own medical notes around with them and entries are made from different hospitals. There were many cases where patients came to the hospital after receiving poor outpatient follow up or could not attend their clinic appointments due to either not having or not being able to afford transport. Furthermore, hundreds of patients are seen in any one clinic meaning that each patient only gets up to 1 minute consultation time which is definitely not enough in any case.

During the elective, one case sticks in my mind. This was the case of a middle aged gentleman who went into cardiac arrest. Immediately everyone ran to the patient's bedside and there was already a

queue of students waiting for their turn to commence chest compressions. Initially I was surprised by the rate of the compressions which definitely exceeded NHS guidelines, but soon this was overcome with admiration for how everyone was getting stuck in to help this patient. Unfortunately, their efforts were not helped by the defibrillator which kept faulting but they persisted and in the end the patient went to ITU and survived. The next day the consultant was clearly not happy about hearing about the defibrillator and ensured that this was noted and acted upon promptly.

Overall, the experience has been one I will never forget. I have seen and examined so many clinical signs that are sometimes hard to come by in the UK. I will take what I have learned with me to apply to my day to day responsibilities as a foundation year doctor.